



July 12, 2016

Richard Oppen
Director
Department of Public Health and Human Services
111 N. Sanders, Room 301
Helena, MT 59620

Dear Director Oppen,

Montana's elevated suicide rate—particularly the disparately high rates of suicide among American Indian people—is among the most important and challenging health issues in the state. I was very glad that the 2015 Legislature appropriated funds to address this problem.

To ensure that stakeholders had a strong voice in planning the use of these funds, DPHHS requested that I facilitate the government to government consultation on October 20, 2015. I am a physician and public health expert with a longstanding commitment to American Indian health. Through the work of the Montana Healthcare Foundation, I have built strong relationships with the tribes and tribal and urban Indian health directors.

Even though the consultation did not result in a unanimous recommendation for a single use of these funds, participants agreed on three basic ideas:

1. People expressed concern that \$250,000 would have a limited impact if the funds were divided up and given out as small grants to the tribes and possibly the urban Indian health programs as well. People also noted that this is a relatively small amount compared with other federal suicide prevention grants already in place.
2. Participants felt strongly that American Indian youth need opportunities to be engaged, supported, and to develop their own solutions.
3. People said that there is a need for a more coordinated, strategic approach. Specific comments included, for example:
 - One Tribal councilmember commented that even within her own tribe, there are two or three different programs and they don't talk with each other, which limits their effectiveness.
 - Tribes would like to know more about what others working on suicide prevention are doing, and to be able to draw on innovative ideas from within Montana and beyond.
 - These funds could be used to identify larger, more sustainable funding sources—i.e. using the legislature's appropriation to create a strong foundation for seeking larger, longer-term grants and other funding.

777 East Main St, Suite 206
Bozeman, Montana 59715

Office 406-451-7060

www.mthcf.org

The solution DPHHS ultimately proposed is a compromise that appears to honor the two uses that people suggested for these funds. Specifically:

1. As I understand it, your contractor would engage a broad group of American Indian stakeholders across the state to develop a strategic, coordinated, statewide approach. The contractor would also research successful programs from outside Montana.
2. Part of the funds would be administered as small grants that would focus directly on engaging youth and affording them an opportunity to work on their own solutions.

Suicide prevention is a complex challenge, and there is not a single, proven way to go about this work. The approach you have proposed appears to honor the main themes that came up in the DPHHS tribal consultation.

I would be very willing to speak with DPHHS or members of the State-Tribal Relations Committee if helpful.

Sincerely,



Aaron Wernham
CEO, Montana Healthcare Foundation